

TRAINING REGISTRATION
Family Independence Agency
OFFICE OF PROFESSIONAL DEVELOPMENT

TO REGISTER, MAIL OR FAX TO: (DO NOT E-MAIL)

Office of Professional Development
Suite 715 - Grand Tower
235 S. Grand Avenue
Lansing, MI 48909
FAX: (517) 241-7777

Class #	
Location	
Class Name	
Class Date	

ATTENTION

If reasonable accommodation is
needed for training, please attach a
written statement of requirement i.e.
equipment, interpreter, etc.

Please Print Clearly in Ink or Type. Illegible or incomplete forms will be returned.

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	PHONE NUMBER	JOB FUNCTION	APPOINTED TO CURRENT POSITION MONTH/YR	SEX HANDICAP CODE*	RACE CODE **
1							
LIST PRIOR POLICY PROGRAM EXPERIENCE:							
2							
LIST PRIOR POLICY PROGRAM EXPERIENCE:							
3							
LIST PRIOR POLICY PROGRAM EXPERIENCE:							
4							
LIST PRIOR POLICY PROGRAM EXPERIENCE:							
5							
LIST PRIOR POLICY PROGRAM EXPERIENCE:							

Print Supervisor/Manager Name	Zone/County/Office/District (FIA only)		Telephone Number
Supervisor/Manager Approval Signature*** (For All Above Enrollees)	Address (ID or Postal) City/Zip	Fax Number	E-Mail Address

***For Wayne County, an approval signature is required for all enrollees through the section manager level. For all other enrollees, approval is required for first-line staff only.

Agency Name (NON-FIA Only)

***SEX/HANDICAP CODES**

M - Male, F - Female, G - Male/Handicap,
N - Female/Handicap

****RACE CODES**

(Answering this is voluntary.)
1 - White, not of Hispanic origin
2 - Black, not of Hispanic origin
3 - Hispanic
4 - American Indian

5 - Alaskan Native
6 - Asian or Pacific Islander
7 - Multi-Racial - You are multiracial if you have parents
from more than one racial-ethnic group, or if at least one
of your parents in multiracial.

INSTRUCTIONS

- All items on the Training Registration must be completed. This information is needed for the system data base. **If information is missing the registration will not be processed and the form will be returned.**
- Use a separate form for each class and each work unit. Include class information, if known. This form may be used whether or not a specific class has been scheduled.
- Please type or print in ink.
- Please enter the class information, if known. This form may be used whether or not a specific class has been scheduled.
- Only one supervisor or manager approval is required perform. The approving supervisor or manager is accountable for appropriate enrollment of each trainee and responsible for distribution of confirmations to all enrollees.
- For Wayne County an approval signature is required for all enrollees through the section manager level. For all other enrollees approval is required for first-line staff only. For those who do not need approval, only one registration should be entered per form.
- All FIA participants will be enrolled on a first-come, first-served basis.
- Confirmations will be mailed to approving supervisors, or to enrollees who do not need approval, 7-10 days prior to the start of the class. If the class is full, enrollee's names will be placed on a waiting list for the next available class. If cancellations occur, enrollees on the waiting list will be called. (Substitutions require prior approval from OPD.)
- The last day to cancel is three days prior to class start date.
- Enrollees **MUST** be registered to attend. **Please bring confirmation letter to class.**

To register, mail (or fax side 1) of the FIA-954 to the following address:

Office of Professional Development
Suite 715 Grand Tower
235 S. Grand Ave
Lansing, MI 48909

FAX: (517) 241-7777

AUTHORITY: P.A. 280 of 1939.
RESPONSE: Voluntary
PENALTY: None

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.